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CONFIRMATION NO. 8635

<b>SERIAL NUMBER</b> 10/816,508	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2612	<b>ATTORNEY DOCKET NO.</b> TEC 04041
<b>APPLICANTS</b> T. E. Chornenky, Bethel Park, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,289 04/01/2003 <i>None A L</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None A L</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/18/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>AI</i> Verified and Acknowledged <u>AI</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 21
			<b>INDEPENDENT CLAIMS</b> 5	
<b>ADDRESS</b> JAMES RAY & ASSOCIATES 2640 PITCAIRN ROAD MONROEVILLE, PA15146				
<b>TITLE</b> Ear associated machine-human interface				
<b>FILING FEE RECEIVED</b> 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	